## LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

To Be Filed By:

LOBBYISTS (Sec. 67-6619)



SEORETARY OF STATE
STATE OF DAYO

(Type or print clearly in black ink)

		See instructions	at bottom of page								ال د 4 m			
Lobbyist's name and permanent business address							Date prepared				Period covered			
Steve P O B Boise				01/09/2006			(Mo.) (Day) (Yr.)			(Yr.)				
Item Totals of all reportable expenditures made or incurred by Lob							by ist or by Lobby ist's Employer on behalf of Lobby ist's Employer.							
			le expenditures made of											
Reimburse	tegory of Ex od Personal Livi	ng and Travel	* Total Amount for		roportionate amounts contributed by each employer (Identify employers, under em 3, at bottom of page.)									
	Pertaining to Lo Not Have to be	bbying Activity Reported	All Employers	Employer No. 1		1	Employer No. 2		Employer No. 3		0. 3	Employer No. 4		
	nd Refreshm		\$	\$		_	\$_		\$		_	\$		
Living	Accommoda	ations		l		—								
Advertising						_	_							
Travel					-		_						<del></del>	
Telepho	one													
Other Expenses or Services			314.50		314.	50								
		Total	\$314.50	s	314.	50	<b>\$</b> _	0.00	\$	C	0.00	\$	0.00	
**	When the num	ber of employers	 s you are reporting for requi	l ires multiple	L-2 for	ms to t	e file	d a total amount fo	l rallemp	loyers sh	i ould be e	ntered on F	age 1.	
Item						legislator or other holder of public								
2	Date		Place		An	nount		Names o	f Legisla	tors & P	ublic Offi	icials in Gr	опр	
			NONE											
	Continued on	attached page(s)	)		•									
		INST	TRUCTIONS			Ite 3		En	nployer(s	) Name(	s) and Ad	dress(es)		
		· · · · · · · · · · · · · · · · · · ·				<u>,,</u> ,	lda	ho Hospital A	ssocia	tion				
	Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.  Filing deadline: Annual report is due on January 31st.							No.1 Idaho Hospital Association P O Box 1278 Boise ID 83701-1278						
Fili								No.2						
TO BE FILED WITH:  Ben Ysursa  Secretary of State  PO Box 83720														
							No.3							
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282						No.4								

Item				byist or by the lobbyist's en istor, or for or on behalf of a		loyer in the nature of contributions of money or other tangible or intangible y legislator.							
	Date		Amount		Name of Legislator Receiving or Benefited								
			NONE	ion, the number of the Senate		LEGISLATIVE SUB	IDENTIFICATION						
item 5	or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.												
_	or He	Legislat	esolution or Other tive Ident. Number ease See Attached	Appropriation Bill Number and Section Number	Code 01 02 03 04 05 06 07 10 11 12 13 14 15 16	Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minora, youth, senior citizens Church and religion Consumer affairs Eçology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)  Date  Date					
				e above is a true, complete and on 67-6624 Idaho Code.		Employer No. 2 signature Employer No. 3 signature		Date Date					
					j	Employer No. 4 signature		Date					